



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)
SASAKI et al.) Art Unit 3685
Application Number: 10/627,673)
Filed: July 28, 2003)
For: MEDICAL SUPPORT SYSTEM) Examiner:
ATTORNEY DOCKET NO. HIRA.0118) QAYYUM, ZESHAN

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	4	4	(Over 20)	x \$52	0
Independent Claims	4	4	1 (Over 3)	x \$220	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

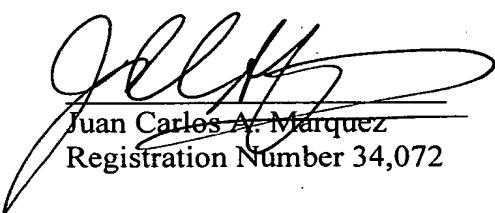
[x] Response/Preliminary Amendment [x] Petition for 2-month Extension of Time
(with Claim Amendments) [] Information Disclosure Statement w/ Form 1449
[] Preliminary Amendment [] Letter to Draftsperson
[] Substitute Specification [] sheets of replacement drawings
[] Terminal Disclaimer [x] Request for Continued Examination

Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.

Checks in the amount of **\$810.00** for the RCE fee and **\$490.00** to cover the 2-month extension of time fee are enclosed.

The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,



Juan Carlos A. Marquez
Registration Number 34,072

REED SMITH LLP
3110 Fairview Park Drive, Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
May 8, 2009



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)
SASAKI et al.)
Application Number: 10/627,673)
Filed: July 28, 2003)
For: MEDICAL SUPPORT SYSTEM)
ATTORNEY DOCKET NO. HIRA.0118)

Art Unit 3685

Examiner:
QAYYUM, ZESHAN

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	4	4	(Over 20)	x \$52	0
Independent Claims	4	4	1 (Over 3)	x \$220	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28). IF APPLICABLE, VERIFIED STATEMENT MUST BE ATTACHED				x ½	
				TOTAL	0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

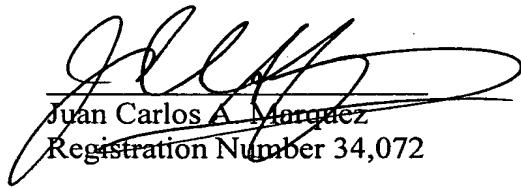
[] Response/Preliminary Amendment [] Petition for 2-month Extension of Time
(with Claim Amendments) [] Information Disclosure Statement w/ Form 1449
[] Preliminary Amendment [] Letter to Draftsperson
[] Substitute Specification [] sheets of replacement drawings
[] Terminal Disclaimer [] Request for Continued Examination

Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.

Checks in the amount of **\$810.00** for the RCE fee and **\$490.00** to cover the 2-month extension of time fee are enclosed.

The Commissioner is hereby authorized to charge any additional fees associated with this communication, or credit any overpayment to **Deposit Account Number 08-1480**.

Respectfully submitted,



Juan Carlos A. Marquez
Registration Number 34,072

REED SMITH LLP
3110 Fairview Park Drive, Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
May 8, 2009